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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Not yet assigned
Filing Date	
First Named Inventor	Martin, Bruce
Title	PORTABLE COMBINATION...
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	03-065-JB

I hereby appoint:

Practitioners at Customer Number

31718



OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Bruce Martin

Signature

Date

8/1/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	03-065-JB
First Named Inventor	Martin
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PORTABLE COMBINATION BEDSIDE CO-SLEEPER

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/01 (10-00)

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DECLARATION — Utility or Design Patent Application

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Address

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

A petition has been filed for this unsigned inventor

Given Name Bruce
(first and middle [if any])

Family Name Martin
or Surname

Inventor's
Signature

Date 6/1/03

Residence: City

Malibu

State CA

Country US

Citizenship US

Mailing Address

27162 Sea Vista Drive

Mailing Address

City

Malibu

State

CA

ZIP

90265

Country US

NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Family Name
or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

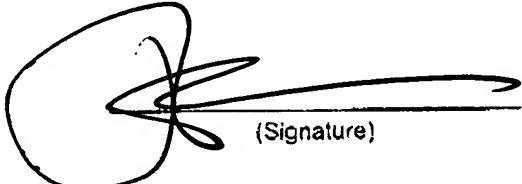
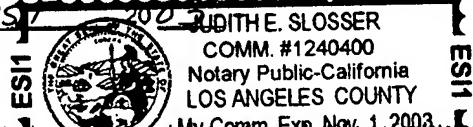
State

ZIP

Country

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Sample Form (former PTO/SB/15) (05-01)

ASSIGNMENT OF APPLICATION		Docket Number (Optional) 03-065-JB
<p>Whereas, I/We, <u>Bruce Martin</u> of <u>27162 Sea Vista Drive, Malibu CA 90265</u>, hereafter referred to as applicant, have invented certain new and useful improvements in <u>PORTABLE COMBINATION BEDSIDE CO-SLEEPER</u></p> <p><input type="checkbox"/> for which an application for a United States Patent was filed on _____ Application Number _____</p> <p><input checked="" type="checkbox"/> for which an application for a United States Patent was executed on _____, and</p> <p>Whereas, <u>Bruce Martin, President</u> of <u>Arms Reach Concepts, Inc.</u> herein referred to "assignee" whose mailing address is <u>27162 Sea Vista Drive, Malibu, California 90265</u> is desirous of acquiring the entire right, title and interest in the same;</p> <p>Now, therefore, in consideration of the sum of <u>1</u> dollars (<u>\$ 1.00</u>), the receipt whereof is acknowledged, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign and transfer unto said assignee the full and exclusive right to the said invention in the United States and the entire right, title and interest in and to any and all Patents which may be granted therefor in the United States, I/We hereby authorize and request the Commissioner of Patent and Trademarks to issue said United States Patent to said assignee, of the entire right, title, and interest in and to the same, for his sole use and behoof; and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.</p> <p>Executed this <u>11th</u> day of <u>AUGUST</u>, 2003 at <u>27162 SEA VISTA DRIVE, MALIBU, CA 90265</u></p> <p> (Signature)</p> <p>State of <u>CALIFORNIA</u>) SS: County of <u>LOS ANGELES</u>) Before me personally appeared said <u>Bruce Martin</u> and acknowledged the foregoing instrument to be his free act and deed this <u>11th</u> day of <u>AUGUST</u>, 2003 JUDITH E. SLOSSER COMM. #1240400 Notary Public-California LOS ANGELES COUNTY Seal  Note: Signatures of all the inventors, assignee(s) or holder(s) of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.</p> <p>* <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>		

This form offers a sample or suggested format for an assignment document. This sample form is not an OMB officially approved form.